



Kansas Department of Health and Environment

Adult Care Home Program FACT SHEET

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MDS 2.0

The Minimum Data Set Version 2.0 will be implemented in Kansas on July 1, 1997. Training sessions for facility staff began in March and will continue through June. One copy of the MDS Version 2.0 Manual will be provided to each nursing facility and certified long term care units in hospitals. At the completion of the training, a manual will be mailed to facilities who choose not to send staff to one of the trainings.

Facilities may copy the manual provided by the department or purchase a manual from a vendor. It is strongly recommended that purchased manuals **be exact replicas of the federal manual**. Several publishers have added additional material and/or renumbered pages. Staff may have difficulty finding pertinent information due to lack of common page numbering.

New and Amended Adult Care Home Regulations

The new assisted living/residential health care facility regulations have been mailed to licensed facilities. These regulations became effective February 21, 1997.

Adult care home regulations were amended effective February 21, 1997. Each licensed facility was mailed a copy of the amended regulations. Also included in that mailing was summary of the amendments made to the existing regulations.

Included in this *Fact Sheet* are new regulation interpretations which affect assisted living/residential health care facilities. Revisions are being made to the current interpretations to reflect the new and amended regulations. The revised interpretations will be distributed in the next issue of the *Fact Sheet*.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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Isolation Precautions

Isolation Precautions in Adult Care Homes - The regulations for adult care homes licensed as nursing facilities must use revised isolation policies and procedures to reflect the Center for Disease Control and Prevention's new "Isolation Precautions in Hospitals."

A copy of the new guidelines can be obtained from the Kansas Association of Homes and Services for the Aging and the Kansas Health Care Association. Facilities may order reprints from the Public Health Services, U.S. Department of Health and Human Services, Center for Disease Control and Prevention, Mailstop E-69, Hospital Infections Program, National Center for Infectious Diseases, Center for Disease Control and Prevention, Atlanta, GA 30333.

Tuberculosis Testing in Nursing Facilities

Nursing facilities have been required to test all new employees and residents for tuberculosis at admission and employment since November 1, 1993. This requirement is found in KAR 28-39-161 (b) (3). Regulation Interpretation 94-4 was written in 1994 to provide additional information concerning this requirement.

The requirement to skin test employees for tuberculosis applies to individuals **employed** by the nursing facility. Staffing agencies are responsible for skin testing their employees who work in nursing facilities. Nursing facilities must ask for evidence from the staffing agency that the individuals sent to the nursing facility meet all applicable requirements including screening for tuberculosis. Professional consultants should also provide the facility with evidence of screening for tuberculosis. A nursing facility is not required to perform the skin testing for staffing agencies or consultants. **The facility is responsible for skin testing the employees of the facility.**

The Centers for Disease Control and Prevention was contacted concerning any problems related to repeated skin testing. According to the Tuberculosis Control Section, there has been no evidence that repeated skin testing can cause harm to an individual.

The CDC Guidelines for Control of Tuberculosis in Facilities Providing Long Term Care to the Elderly require the two-step method. Every resident at admission with a few exceptions must be tested. Regulation Interpretation 94-4 contains additional information related to this requirement.

The above requirements do not apply to long term units in licensed hospitals. Hospital-based units are required to follow the requirements found at KAR 28-34-8a (f).

MRSA Reporting

Nursing facilities and hospitals are required to provide transfer information when individuals are discharged or transferred to another health care facility. It is essential that the transferring facility include information concerning any individual who has an infectious disease which would necessitate isolation precautions. Facilities **MUST** be informed **BEFORE** the transfer of individuals who are infected or colonized with Methicillin-resistant Staphylococcus aureus (MRSA) or Vancomycin-resistant enterococci (VRE). Pertinent laboratory reports should be shared with the new facility. It is essential that a facility receiving an individual with MRSA or VRE has sufficient information to provide safe care to the individual at admission.

Swing-Bed Transfer Policy

The following explanation of Medicare policy on the transfer of hospital swing-bed patients to skilled nursing facilities is offered to clarify any confusion on this issue. Swing-bed hospitals with more than 49 but less than 100 countable beds are required to have, or make a good faith effort to have an availability agreement with any skilled nursing facilities within the

hospital's geographic region [42 CFR 482.66(a)(6)]. Under these agreements, skilled nursing facilities are to notify the hospital of the availability of Medicare certified beds. **Swing-bed hospitals with less than 50 beds are not required to have such agreements.**

Under these agreements, the swing-bed hospital must transfer Medicare patients within five days (excluding weekends and holidays) on learning that a SNF bed is available **unless** the patient's physician certifies that the transfer is not medically appropriate. If you have additional questions about swing-bed hospital transfer policy, please contact George A. Dugger, Hospital and Medical Programs, Bureau of Adult and Child Care, Kansas Department of Health and Environment, (913) 296-3362.

The following interim policy on Side Rails Guidance from the Health Care Financing Administration (HCFA), Kansas City Regional Office, is provided to allow nursing facilities opportunity to comment on the proposed policy. This policy will be in effect until May 12, 1997. Comments, either verbal or written, should be sent to De Friedrich, Health Care Financing Administration, Health Standards and Quality, 601 E 12th St, Room 242, Federal Office Building, Kansas City, MO 64106, by close of business Friday, April 25, 1997. Her fax number is (816) 426-6769.

Side Rails Guidance (INTERIM POLICY)

1. **Introduction.** Determining when the use of side rails complies with Federal requirements has proven problematic for surveyors and facilities alike. One misconception is that side rails are in and of themselves prohibited by Federal requirements; that is, equipping a nursing home bed with side rails automatically constitutes deficient nursing home practice.

Another misconception is that side rails are an effective and/or benign safety device. Depending on the resident's status, all types of side rails may pose an increased risk to safety. This risk is increased regardless of the resident's condition, when side rails OR any length are used in combination with any physical restraint attached to the body, such as vest/chest, waist, leg/arm.

The most common form of injury to persons enclosed by side rails occurs when the resident climbs over the rails and falls to the floor. Research conducted at the University of Minnesota indicates that vest restraints do not decrease this hazard but increase the likelihood that a falling resident will be suspended and suffocate. This research also indicated a second type of hazard, which relates to injuries caused when residents are trapped between the side rails and the mattress or bed frame in a way that can cause death. These injuries are more common when there is mis-sizing of bed and mattress and/or when residents are confused; restless; agitated; ambulatory; and/or partially independent in transferring.

Finally, side rails pose the same potential adverse effects of other physical restraints including increasing immobility, deleterious psychological effects, urinary incontinence, and occult infections.

2. **Purpose and Definition.** Depending on their purpose, side rails may or may not be restraints. When used for the purpose of keeping a resident from getting out of bed and that resident wants to get out of bed, side rails meet the definition of physical restraints and must comply with requirements found at 42 CFR 483.13(a), and which are defined at F221 of Transmittal No. 274 (p. PP-45). When used to facilitate mobility in and out of bed, side rails do not meet the definition of restraints. When side rails serve multiple purposes (e.g., to facilitate in-bed mobility and to keep a resident from getting out of bed when the resident wants to get out of bed), they must be evaluated as physical restraints.

Side rails used on the bed of a resident who is completely immobile, while of questionable necessity, are not considered restraints.

3. Resident's/Representative's Choice. If a resident/ representative requests side rails, then facility staff have a responsibility to assess the resident and the request, to talk about the risks involved with the resident/ representative, and describe alternative individualized care practices (e.g., a lower bed) that may be safer and appropriate for that resident. If one of the reasons the resident/representative wants the side rails up is to keep the resident from getting out of bed that request must stand the regulatory test of medical symptoms, which are described in the State Operations Manual Transmittal No. 274, at F221 (p. PP-47); that is, the facility may comply with the request only if there is a medical symptom that would justify the use of side rails.

If the resident/representative requests side rails for a reason other than to keep the resident from getting out of bed, the facility must thoroughly assess the risks and benefits of using side rails for that resident against the risks and benefits of other interventions, especially focusing on the potential danger imposed by raised side rails on the resident.

4. Assessment. Intervention must be made only after thoroughly assessing the resident's needs. For example, if a resident's behavior is wandering at night, determine the cause of the behavior (dementia, a lifelong habit of staying up at night, etc.) and if the behavior is caused by a failure to:
- meet individual needs in accordance with section III of the MDS, Customary Daily Routines (MDS version 2.0, section AC);
 - provide meaningful activities at night; or
 - manipulate the resident's environment.

Address the behavior through individualized care planning. For example, for a resident with a lifelong habit of staying up at night, provide nighttime activity.

Regardless of the purpose for which they are considered to be utilized, any decision to use side rails must occur within a framework of individual resident assessment that:

- identifies the purpose of using side rails for that resident; and
- weighs the risks and probable effects of the use of side rails against the risks and probable effects of other interventions.

Only after it has been determined that the risk of side rail use poses less danger than other interventions may the facility raise the side rails for that resident. If the facility makes that determination, it should continue to review the effect of that intervention on the resident through an ongoing loop of evaluation that includes an assessment for outcomes when using side rails, adverse effects (declining function, entrapment, etc.) and attempts to eliminate the need for side rails. It is the facility's responsibility to determine that the resident's choice is reflected in the above process, the surveyor's responsibility to review the facility's system in this regard, and the responsibility of both parties to be familiar with the Food & Drug Administration Safety Alert on Side Rails (August 23, 1995).

5. Summary. Side rails may be appropriate when used to assist the resident maintain or attain his or her highest practicable level of physical, mental and psychosocial functioning. The decision regarding whether to raise side rails needs to be made after clinical evaluation at the bed side and interdisciplinary care planning. The purpose for that intervention must be determined. That is, if the purpose is either to facilitate in-bed mobility and/or transfer, the side rails are not being used for the purpose of restraining the resident. If the purpose and effect of the side rail is to prevent a resident from getting out of bed when that resident wants to get out of bed, then side rails are being used as restraints and follow the evaluation process found in the State Operations Manual, Transmittal No. 274 (p. PP-47).

Credentialing Update

MEDICATION AIDE CERTIFICATION: The CMA examination date is entered into the Kansas Nurse Aide Registry (KNAR), and the certificate expires two years from that date. It is important for CMAs to attend 10 hours of "update" training prior to the expiration. Once these hours are reported and entered on the record, a renewal application is generated prior to the expiration date.

FOUR-MONTH TRAINEE PERIOD: If a student is in a 90-Hour nurse aide course and has successfully completed the skills competency checklist, the student may work as a nurse aide trainee II. The student **does not** need an examination date in order to work as a trainee II. The facility must maintain a copy of the checklist as proof of eligibility for employment. (The checklist is the property of the trainee II.) A person challenging the nurse aide examination based on nursing training or interstate training may work as a trainee II, upon receipt of the Identification Examination slip. The four-month trainee period is from the approval date to challenge the examination. The facility should maintain a copy of the ID slip as proof of eligibility for employment.

TRAINEE II EMPLOYMENT: HOC identified, with the help of nursing facilities, individuals who are fraudulently using skills competency checklists for employment as nurse aide trainee IIs. Nursing facilities should be aware of this and look closely at the checklist to verify its authenticity. HOC would like to thank those facilities that have been alert in helping to stop this fraudulent practice.

SPONSORSHIP PROGRAM: Currently there are nine programs approved under the aide training sponsorship program, comprised of seven community colleges, one home health agency and one nursing facility. HOC and the approved sponsors have seen the reduction of paperwork and time savings. Providers of aide training programs are encouraged to contact Eric Aspegren to obtain an Aide Training Sponsorship Manual and application.

EMPLOYMENT VERIFICATIONS/SKILLS CHECKLIST: To date, there are 785 adult care homes, hospitals, intermediate care facilities for the mentally retarded, and home health agencies that have not sent Employment Verification forms for the nurse aides they have employed for the period of July 1, 1996 to December 31, 1996. HOC will no longer send out second notices to facilities. The Employment Verification form has been included with this *Fact Sheet*. Please take a moment to complete the form and return it to HOC, to help keep the employment information on the KNAR current. If the KNAR is not kept current, nurse aides may be considered inactive on the registry, which may delay confirmation for employment. If your facility does not employ nurse aides or medication aides, please indicate this on the form.

Please note the skills competency checklist for employment verification is a different form than the 40-Hour skills competency checklist. The former is to be used to update the employment information for certified nurse aides who have not worked in the last 24 months, while the latter form is to test the initial skills competency after the first 40 hours of a nurse aide training course. Therefore, when administering the skills checklist for employment verification, it is not necessary to have the CNA work 40 hours. The CNA should simply demonstrate each task in the time it takes to administer the complete checklist of competencies.

BAN ON NATCEP AND SKILLS CHECKLIST: HOC has reviewed the issue of a facility with a ban on nurse aide training and competency evaluation program (NATCEP) administering the Skills Competency Checklist for Employment Verification. Facilities under ban do not need to be unnecessarily restricted in securing suitable employees. The evaluation of basic nursing skills competency is the professional judgment of the registered, licensed nurse who performs the evaluation, not the facility at which the evaluation is performed. Any registered, licensed nurse may perform these evaluations at a licensed adult care home or hospital distinct-part long term care unit.

INSTRUCTOR ROSTERS: Please distribute the following information to **all instructors:** It is the responsibility of the course instructor to assure that all students listed on the Instructor Roster Form have met all the requirements for the training course. This is the reason that the instructor is required to sign the Instructor Roster Form, not other agency personnel.

INTERNET EDUCATION OPPORTUNITY: Kansas State University has designed a continuing education course offered via the World Wide Web entitled Community Based Health Promotion Programs for Older Americans. Nurses, dietitians, gerontologists and other health care professionals are encouraged to check it out. Join the quickly growing field of education provided through the Internet. If you have a computer with access to the Internet and a web browser, go to <http://www.dce.ksu.edu/dce/as/comhealth.html>.

Non-licensed, non-certified Programs: Several community colleges have been approved to provide **activities director** and **social services designee** courses, and one community college has also sought approval for **operator training courses**. There are approximately 50 individuals who are interested in taking an operator course, or are in need of taking the course due to an

expiring provisional facility license. HOC strongly encourages long-term care provider organizations, educational institutions or persons with two years experience in long-term care and experience in adult training to consider applying to be a provider of operator training courses to meet this growing demand.

Miscellaneous: In the near future, all licenses and certificates issued by HOC will be changing color. HOC is working on a new contract for certificates and licenses, which will include laminated wallet cards for each individual. The process will take place gradually, to use existing supplies of licenses and certificates. The medication aide certificates and administrator licenses will be the first to experience this change in the next few months.

Resources for Quality Care

- *Beyond Baskets and Beads* - This is a manual for activity personnel who design programs for older adults with functional impairments. This manual was the result of a 12 month project developed by the Center in the Woods in association with California University of Pennsylvania. The cost of the manual is \$40.00 plus \$6.95 for shipping. Order from: Center in the Woods, Rt 88, PO Box 546, California, PA 15419. Phone number is (412) 938-3554.

ANE ISSUE STATISTICS 1/1/97 to 3/14/97
Complaint Calls Assigned for Investigation

ANE Investigations

Jan	129
Feb	141
Mar	61

Care Issues Investigated

Jan	115
Feb	101
Mar	32

*Licensure Category	Civil Penalties				Correction Orders			
	1996 Quarters							
	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Inadequate or inappropriate hygiene and skin care	5	6	10	5	32	49	40	42
Inadequate or unqualified staffing	1	5	4	2	12	37	22	26
Inoperable or inaccessible call system	-	-	-	-	2	2	7	8
Inappropriate or unauthorized use of restraints	-	1	-	-	11	10	11	9
Unsafe medication administration or storage	-	1	-	-	6	9	8	7
Inadequate nursing services other than skin care	1	8	8	9	48	54	52	54
Inadequate or inappropriate asepsis technique	-	-	-	-	8	11	3	6
Inadequate or inappropriate dietary/nutritional services	2	6	4	-	23	21	20	22
Unsafe storage of hazardous or toxic substances	-	-	-	-	2	2	3	10
Failure to maintain equipment	2	1	4	-	9	3	5	10
Resident right violations	3	3	6	1	7	15	24	22
Unsafe high water temperature	2	-	1	-	9	2	4	2
Inadequate hot water	-	-	-	-	-	-	-	-
General sanitation and safety	1	1	-	-	4	18	9	11
Other (including inappropriate admission)	-	2	2	-	-	14	9	11
Inadequate rehabilitation services	-	-	-	-	1	-	1	-
Civil Penalties	13	18	26	12				
Correction Orders					77	92	80	92
Bans on Admission	3	3	2	5				
Denials	4	1	0					

* A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.